

**Maricopa Integrated Health Systems  
Formulary Prior Auth Criteria**

**Drug:** Botox (Botulinum Toxin Type A)  
Myobloc (Botulinum Toxin Type B)

**Therapy:**

Treatment of cervical dystonia in adults to decrease the severity of abnormal head position and neck pain associated with cervical dystonia.

Treatment of strabismus and blepharospasm associated with dystonia, including benign essential blepharospasm or VII nerve disorders in patients' 12 years of age and above. *(Botox is ineffective in chronic paralytic strabismus except when used in conjunction with surgical repair to reduce antagonist contracture)*

Treatment of migraines

**Inclusions:**

Patient is over 12 years old

Medication is **not** being used for cosmetic purposes

Patient has a diagnosis of nerve disorder that requires treatment (e.g. spasm of the eyelid, abnormal alignment of the two eyes, or a VII nerve disorder)

Patient has a diagnosis of spasmodic torticollis, cervical dystonia, and oromandibular dystonia

Request includes how many vials are needed for the procedure

Request comes from Neuro or Rehab

Failure of all traditional migraine treatments

**Authorization:**

Auth will be done for one to two vials

Reauthorization will require documentation of efficacy of how long the effect lasted

**Medical Director**\_\_\_\_\_

**Date**\_\_\_\_\_